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AUG 28 2007

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8/22/07

Dear Sir/Mam,

RICHARD W. WIEKING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIF.

C 07 4469 ! CW

I have three chronic illnesses and one (PR) high-risk illness as medically diagnosed by CDCR medical staff. I've been taking prescribed Narcotic Pain relief medication for ongoing medical problems since 2005. Some of these illnesses have come to be since my incarceration. It's known to medical staff that I've alleged the proximate cause of some of these chronic illnesses to be at the hands of their staff.

This is my SIXTH prison in less than three years.

\* The medication, hard feelings, and the complexity of the issues in my case are becoming overwhelming.

I'm permanently mobility impaired. I've already been attacked previously during this incarceration. I've never studied law and I can really use the assistance of a lawyer and would greatly appreciate the appointment of one.

Thanks for your consideration,

\*See other medical attachments Sincerely *Deft Vance*

Exhibit 17

1 involving a left basilar skull fracture, a left facial laceration, and a bifrontal brain contusion." [SEE  
2 Exhibit-B attached].

3  
4 7. Elsewhere in the records reviewed, Mr. Hancock's condition was described following a CT scan of  
5 his brain: "Scans of the brain demonstrate a low density area in the left frontal region with central  
6 tissue nodule. The appearance is consistent with a neoplasm and surrounding edema. . . Stable area  
7 of edema and likely tumor nodule in the left frontal region." [SEE Exhibit-C attached].

8  
9 8. Mr. Hancock also has a notable psychiatric history; one marked by the presentation of symptoms of  
10 severe mental illness and/or a severe compromise in his mental status. In fact, the records reviewed  
11 find that Mr. Hancock's condition has presented as so impaired, that he has required involuntary  
12 psychiatric commitment. His condition has been described as:

13 "He is disoriented and delusional. He has been hallucinating. He demonstrates very impaired  
14 judgment and poor impulse control. He is definitely a danger to himself. . . . He has had  
15 seizures recently. He has a history of brain injury and of alcohol abuse as well as exhibiting a  
16 serious psychiatric disorder." [SEE Exhibit-D attached]

17  
18 9. Review of the records provided finds that Mr. Hancock had a seizure shortly after his arrest. He was  
19 admitted to the Santa Clara Valley Health & Hospital System when on 9 Aug. 2003 at 1100 hrs.  
20 [Only hours after his arrest and 3 days prior to his statement to Officer Anderson] he was described  
21 as having the following symptoms: "anxiety, insomnia, nausea, tremulousness, tremors,  
22 apprehension, and seizure disorder." [SEE Exhibit-E attached]

PATIENT NAME: HANCOCK, JEFFERY

Exhibit 18

BY: JAM

D: 08/31/99

14:05

T: 08/31/99

15:10

August 31, 1999

Scott County Clerk of Court  
Davenport, Iowa

RE: Hancock, Jeffery

DATE SEEN: 08/31/99

DATE OF BIRTH: 11/02/58

AGE: 40 years.

Dear Sir or Madam:

I am writing to request involuntary psychiatric commitment for Jeffery Hancock. I evaluated him at Genesis Medical Center West Campus emergency department today. He is disoriented and delusional. He has been hallucinating. He demonstrates very impaired judgment and poor impulse control. He is definitely a danger to himself. He has done such things as undressing in public, approaching strangers at a restaurant and drinking their water, and expressing the delusion that they are friends. He has a seizure disorder. He has not been taking his medication. He has had seizures recently. He has a history of a brain injury and of alcohol abuse as well as exhibiting a serious psychiatric disorder. He is very restless and tremulous.

He has no family or friends nearby to look after him. His mother lives in California and has expressed the intention of coming to get him to take him home; but, in the meantime, Mr. Hancock needs to be somewhere where he can be kept safe.

Sincerely,

Michael A. Cronkleton, MD

D: 08/31/99 2:05 P

T: 08/31/99 3:10 P

jam JOB NO.: 45095

cc:

Authenticated by Michael A. Cronkleton, MD On 09-21-1999 at 3:29 pm

PRINTED BY: NORKUS  
DATE 01/31/2005

DEPARTMENT OF CORRECTIONS  
PAIN MANAGEMENT COMMITTEE CONSULTATION REPLY

STATE OF CALIFORNIA

DATE OF CONSULTATION: 1/31/07

**HISTORY:** The case of Jeff Hancock was presented to the Committee by Dr. Perry. The patient has a history of neck surgery in the summer of 2005 and had improved but not fully resolved pain since. He has neural foraminal stenosis and persistent pain and slight weakness in the right arm. He is being considered for surgery by Dr. Segal, however, the chance of further improvement is small and the situation will require a substantial surgery which the patient is reluctant to undergo.

Recently the patient has been stable on nortriptyline 25 mg qPM and hydrocodone 1 tid.

The Committee discussed treatment options for the patient. Nortriptyline could conceivably be increased to 35 or 50 mg. The hydrocodone seems appropriate in the situation. Membrane stabilizing anti-seizure medications could be tried as well.

*Hydrocodone 2-18-07 (DMP)*

At this time the patient is approved for long-term narcotics at the dose of 5 mg tid. Patient will likely be transferred to a level terrain facility as soon as the neurosurgical evaluation is completed.

---

D. M. Perry, M.D.

DMP:lc

Orig: Health Record

t: 1/31/07

[illegible]

## INTERDISCIPLINARY PROGRESS NOTES

**V49474**

**HANCOCK, JEFF**

Arrived From: SQ-RC on 9/7/2006